

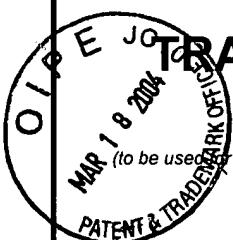
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PTO/SB/21 (08-03)

Approved for use through 07/31/2006. OMB 0651-0031
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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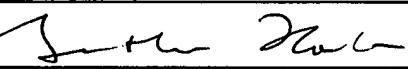
Total Number of Pages in This Submission

22

Application Number	10/002,933
Filing Date	11/01/2001
First Named Inventor	Jeong S. Lee
Art Unit	1744
Examiner Name	Elizabeth L. McKane
Attorney Docket Number	ACSC 60355 (1750P)

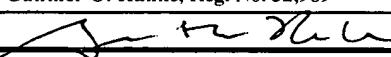
ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	POSTCARD
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		
CUSTOMER NO.: 24201		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	FULWIDER PATTON LEE & UTECHT, LLP Gunther O. Hanke, Reg. No. 32,989
Signature	
Date	March 4, 2004

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the

Typed or printed name	Gunther O. Hanke, Reg. No. 32,989		
Signature		Date	March 4, 2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$ 290.00)

Complete if Known

Application Number	10/002,933
Filing Date	11/01/2001
First Named Inventor	Jeong S. Lee
Examiner Name	Elizabeth L. McKane
Art Unit	1744
Attorney Docket No.	ACSC 60355 (2750P)

METHOD OF PAYMENT (check all that apply)

 Check Credit card Money Order Other None

 Deposit Account:

 Deposit Account Number **FULWIDER PATTON**

 Deposit Account Name **06-2425**

The Director is authorized to: (check all that apply)

 Charge fee(s) indicated below Credit any overpayments

 Charge any additional fee(s) or any underpayment of fee(s)

 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

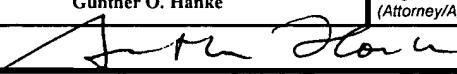
FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)	Fee Description	
1051 130	2051 65	Surcharge - late filing fee or oath	
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet	
1053 130	1053 130	Non - English specification	
1812 2,520	1812 2,520	For filing a request for ex parte reexamination	
1804 920*	1804 920*	Requesting publication of SIR prior to Examiner action	
1805 1,840*	1805 1,840*	Requesting publication of SIR after Examiner action	
1251 110	2251 55	Extension for reply within first month	110.00
1252 420	2252 210	Extension for reply within second month	
1253 950	2253 475	Extension for reply within third month	
1254 1,480	2254 740	Extension for reply within fourth month	
1255 2,010	2255 1,005	Extension for reply within fifth month	
1401 330	2401 165	Notice of Appeal	
1402 330	2402 165	Filing a brief in support of an appeal	
1403 290	2403 145	Request for oral hearing	
1451 1,510	1451 1,510	Petition to institute a public use proceeding	
1452 110	2452 55	Petition to revive - unavoidable	
1453 1,330	2453 665	Petition to revive - unintentional	
1501 1,330	2501 665	Utility issue fee (or reissue)	
1502 480	2502 240	Design issue fee	
1503 640	2503 320	Plant issue fee	
Total Claims 29 -20** = 0 X 18.00 = 0.00			
Independent Claims 6 - 3** = 0 X 86.00 = 0.00			
Multiple Dependent			
Fee Paid			
Fee Description			
1202 18 2202 9	Claims in excess of 20		
1201 86 2201 43	Independent claims in excess of 3		
1203 290 2203 145	Multiple dependent claim, if not paid		
1204 86 2204 43	** Reissue independent claims over original patent		
1205 18 2205 9	** Reissue claims in excess of 20 and over original patent		
SUBTOTAL (1) (\$ 0.00)			
Fee from below			
Extra Claims			
Total Claims 29 -20** = 0 X 18.00 = 0.00			
Independent Claims 6 - 3** = 0 X 86.00 = 0.00			
Multiple Dependent			
Fee Paid			
Fee Description			
1202 18 2202 9	Claims in excess of 20		
1201 86 2201 43	Independent claims in excess of 3		
1203 290 2203 145	Multiple dependent claim, if not paid		
1204 86 2204 43	** Reissue independent claims over original patent		
1205 18 2205 9	** Reissue claims in excess of 20 and over original patent		
SUBTOTAL (2) (\$ 0.00)			
Other fee (specify)			
*Reduced by Basic Filing Fee Paid			
SUBTOTAL (3) (\$ 290.00)			

**or number previously paid, if greater; For Reissues, see above

Complete (if applicable)

Name (Print/Type)	Gunther O. Hanke	Registration No. (Attorney/Agent)	32,989	Telephone	(310) 824-555
Signature				Date	March 4, 2004

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